

**B1 (Official Form 1) (04/13)**

<b>United States Bankruptcy Court</b> <b>WESTERN DISTRICT OF OKLAHOMA</b> <b>OKLAHOMA CITY DIVISION</b>				<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Brooker, John D.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Brooker, Darlene J.</b>		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): <b>xxx-xx-5453</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): <b>xxx-xx-4151</b>		
Street Address of Debtor (No. and Street, City, and State): <b>1412 NW 141st Street</b> <b>Edmond, OK</b>			Street Address of Joint Debtor (No. and Street, City, and State): <b>1412 NW 141st Street</b> <b>Edmond, OK</b>		
ZIP CODE <b>73013</b>			ZIP CODE <b>73013</b>		
County of Residence or of the Principal Place of Business: <b>Oklahoma</b>			County of Residence or of the Principal Place of Business: <b>Oklahoma</b>		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):		
ZIP CODE			ZIP CODE		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIP CODE					
<b>Type of Debtor</b> (Form of Organization) (Check one box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
<b>Chapter 15 Debtors</b>  Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Tax-Exempt Entity</b> (Check box, if applicable.)  <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).		<b>Nature of Debts</b> (Check one box.)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box.)  <input checked="" type="checkbox"/> Full Filing Fee attached.  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Check one box: Chapter 11 Debtors</b> <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

## B1 (Official Form 1) (04/13)

Page 2

**Voluntary Petition***(This page must be completed and filed in every case.)*Name of Debtor(s): **John D. Brooker  
Darlene J. Brooker****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet.)

Location Where Filed:

**None**

Case Number:

Date Filed:

Location Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet.)

Name of Debtor:

**None**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

**X** /s/ Gary D. Hammond  
Gary D. Hammond1/7/2015  
Date**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.**Information Regarding the Debtor - Venue**  
(Check any applicable box.)☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state**Certification by a Debtor Who Resides as a Tenant of Residential Property**  
(Check all applicable boxes.)☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)\_\_\_\_\_  
(Name of landlord that obtained judgment)\_\_\_\_\_  
(Address of landlord)☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*Name of Debtor(s): **John D. Brooker**  
**Darlene J. Brooker****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ John D. Brooker  
**John D. Brooker****X** /s/ Darlene J. Brooker  
**Darlene J. Brooker**

Telephone Number (If not represented by attorney)

1/7/2015

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X** \_\_\_\_\_  
(Signature of Foreign Representative)\_\_\_\_\_  
(Printed Name of Foreign Representative)\_\_\_\_\_  
Date**Signature of Attorney\*****X** /s/ Gary D. Hammond  
**Gary D. Hammond** Bar No. **13825****Mitchell & Hammond**  
**512 N.W. 12th Street**  
**Oklahoma City, OK 73103**Phone No. **(405) 216-0007** Fax **(405) 217-0707**1/7/2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Authorized Individual\_\_\_\_\_  
Printed Name of Authorized Individual\_\_\_\_\_  
Title of Authorized Individual\_\_\_\_\_  
Date\_\_\_\_\_  
Address**X** \_\_\_\_\_\_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**B 1D (Official Form 1, Exhibit D) (12/09)**  
**UNITED STATES BANKRUPTCY COURT**  
**WESTERN DISTRICT OF OKLAHOMA**  
**OKLAHOMA CITY DIVISION**

In re: **John D. Brooker**  
**Darlene J. Brooker**

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

**B 1D (Official Form 1, Exhibit D) (12/09)**  
**UNITED STATES BANKRUPTCY COURT**  
**WESTERN DISTRICT OF OKLAHOMA**  
**OKLAHOMA CITY DIVISION**

In re: **John D. Brooker**  
**Darlene J. Brooker**

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

*Continuation Sheet No. 1*

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ John D. Brooker  
John D. Brooker

Date: 1/7/2015

**B 1D (Official Form 1, Exhibit D) (12/09)**  
**UNITED STATES BANKRUPTCY COURT**  
**WESTERN DISTRICT OF OKLAHOMA**  
**OKLAHOMA CITY DIVISION**

In re: **John D. Brooker**  
**Darlene J. Brooker**

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

- ☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

**B 1D (Official Form 1, Exhibit D) (12/09)**  
**UNITED STATES BANKRUPTCY COURT**  
**WESTERN DISTRICT OF OKLAHOMA**  
**OKLAHOMA CITY DIVISION**

In re: **John D. Brooker**  
**Darlene J. Brooker**

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

*Continuation Sheet No. 1*

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Darlene J. Brooker  
Darlene J. Brooker

Date: 1/7/2015

B6A (Official Form 6A) (12/07)

In re John D. Brooker  
Darlene J. BrookerCase No. \_\_\_\_\_  
(if known)**SCHEDULE A - REAL PROPERTY**

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
1412 Northwest 141st Street, Edmond, OK	Fee simple	J	\$170,000.00	\$124,671.00
			<b>Total: \$170,000.00</b>	

(Report also on Summary of Schedules)



B6B (Official Form 6B) (12/07)

In re **John D. Brooker**  
**Darlene J. Brooker**Case No. \_\_\_\_\_  
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Checking account	J	\$1,600.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video and computer equipment.		Household goods	J	\$3,000.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		Clothing	J	\$400.00
7. Furs and jewelry.		Wedding rings	W	\$200.00
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life insurance policies	J	\$0.00
10. Annuities. Itemize and name each issuer.	<b>X</b>			

B6B (Official Form 6B) (12/07) -- Cont.

In re **John D. Brooker**  
**Darlene J. Brooker**Case No. \_\_\_\_\_  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 1*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401k	J	Unknown
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			

B6B (Official Form 6B) (12/07) -- Cont.

In re **John D. Brooker**  
**Darlene J. Brooker**Case No. \_\_\_\_\_  
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2013 Honda Sonata	J	\$20,000.00
26. Boats, motors, and accessories.	<b>X</b>			

B6B (Official Form 6B) (12/07) -- Cont.

In re **John D. Brooker**  
**Darlene J. Brooker**Case No. \_\_\_\_\_  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>Total &gt;</b>				<b>\$25,200.00</b>

3 continuation sheets attached

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

B6C (Official Form 6C) (4/13)

In re **John D. Brooker**  
**Darlene J. Brooker**Case No. \_\_\_\_\_  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under: ☒ Check if debtor claims a homestead exemption that exceeds \$155,675.\*  
(Check one box)☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
1412 Northwest 141st Street, Edmond, OK	Okla. Stat. tit. 31 §§ 1(A)(1), (2)	\$170,000.00	\$170,000.00
Checking account	Okla. Stat. tit. 31 §§ 1(A)(18), 1.1	\$1,600.00	\$1,600.00
Household goods	Okla. Stat. tit. 31 § 1(A)(3)	\$3,000.00	\$3,000.00
Clothing	Okla. Stat. tit. 31 § 1(A)(7)	\$400.00	\$400.00
Wedding rings	Okla. Stat. tit. 31 § 1(A)(8)	\$200.00	\$200.00
Term life insurance policies	Okla. Stat. tit. 36 § 3631.1	\$0.00	\$0.00
401k	Okla. Stat. tit. 31 § 1(A)(20), (23-24), 60 Okla. Stat § 328	Unknown	Unknown
2013 Honda Sonata	Okla. Stat. tit. 31 § 1(A)(13)	\$7,500.00	\$20,000.00
<i>* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to c commenced on or after the date of adjustment.</i>		<b>\$182,700.00</b>	<b>\$195,200.00</b>

B6D (Official Form 6D) (12/07)

In re **John D. Brooker****Darlene J. Brooker**

Case No. \_\_\_\_\_

(if known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBETOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: xxxxxxxxx0180  <b>Americas Servicing Co</b> <b>P.O. Box 10328</b> <b>Des Moines, IA 50306</b>	J	DATE INCURRED: <b>08/2003</b> NATURE OF LIEN: <b>Conventional Real Estate Mortgage</b> COLLATERAL: <b>1412 Northwest 141st Street, Edmo</b> REMARKS:  VALUE: <b>\$170,000.00</b>		<b>\$81,664.00</b>	
ACCT #: xxxxxxxxx0271  <b>Americas Servicing Co</b> <b>P.O. Box 10328</b> <b>Des Moines, IA 50306</b>	J	DATE INCURRED: <b>08/2003</b> NATURE OF LIEN: <b>Real Estate Mortgage without Other Co</b> COLLATERAL: <b>1412 Northwest 141st Street, Edmo</b> REMARKS:  VALUE: <b>\$170,000.00</b>		<b>\$19,507.00</b>	
ACCT #: xxxxxxxxx0180  <b>Americas Servicing Co</b> <b>P.O. Box 10328</b> <b>Des Moines, IA 50306</b>	J	DATE INCURRED: <b>Various</b> NATURE OF LIEN: <b>Arrearage claim</b> COLLATERAL: <b>1412 Northwest 141st Street, Edmo</b> REMARKS:  VALUE: <b>\$170,000.00</b>		<b>\$19,000.00</b>	
ACCT #: xxxxxxxxx0271  <b>Americas Servicing Co</b> <b>P.O. Box 10328</b> <b>Des Moines, IA 50306</b>	J	DATE INCURRED: <b>Various</b> NATURE OF LIEN: <b>Arrearage claim</b> COLLATERAL: <b>1412 Northwest 141st Street, Edmo</b> REMARKS:  VALUE: <b>\$170,000.00</b>		<b>\$4,500.00</b>	
<b>Subtotal (Total of this Page) &gt;</b> <b>Total (Use only on last page) &gt;</b>				<b>\$124,671.00</b>	<b>\$0.00</b>

1 continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities)

B6D (Official Form 6D) (12/07) - Cont.

In re **John D. Brooker****Darlene J. Brooker**

Case No. \_\_\_\_\_

(if known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBETOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: <b>xxxxxxx0051</b>  <b>Tinker FCU</b> <b>PO Box 45750</b> <b>Tinker AFB, OK 73145</b>	<b>J</b>	DATE INCURRED: <b>09/2013</b> NATURE OF LIEN: <b>Purchase Money</b> COLLATERAL: <b>2013 Honda Sonata</b> REMARKS:  VALUE: <b>\$20,000.00</b>				<b>\$17,639.00</b>	
Sheet no. <b>1</b> of <b>1</b> continuation sheets attached to Schedule of Creditors Holding Secured Claims <b>Total (Total of this Page) &gt;</b> <b>Total (Use only on last page) &gt;</b>						<b>\$17,639.00</b> <b>\$142,310.00</b>	<b>\$0.00</b> <b>\$0.00</b>

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities)

B6E (Official Form 6E) (04/13)

In re **John D. Brooker**  
**Darlene J. Brooker**Case No. \_\_\_\_\_  
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheet)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. §

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use,

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed

*\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of*1 continuation sheets attached



B6E (Official Form 6E) (04/13) - Cont.

In re **John D. Brooker**  
**Darlene J. Brooker**Case No. \_\_\_\_\_  
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Administrative allowances
------------------	---------------------------

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO	AMOUNT NOT ENTITLED TO PRIORITY,
ACCT #: <b>Mitchell &amp; Hammond</b> <b>512 NW 12th Street</b> <b>Oklahoma City, OK 73103</b>	<b>J</b>	DATE INCURRED: <b>12/23/2014</b> CONSIDERATION: <b>Attorney Fees</b> REMARKS:				<b>\$1,750.00</b>	<b>\$1,750.00</b>	<b>\$0.00</b>
Sheet no. <u>1</u> of <u>1</u> continuation of Schedules (Totals of this page) > attached to Schedule of Creditors Holding Priority Claims (Use only on last page of the completed Schedule E. Totals >						<b>\$1,750.00</b>	<b>\$1,750.00</b>	<b>\$0.00</b>
						<b>\$1,750.00</b>		
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical							<b>\$1,750.00</b>	<b>\$0.00</b>

B6F (Official Form 6F) (12/07)

In re **John D. Brooker**  
**Darlene J. Brooker**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxx2143</b> <b>Business Revenue Systems</b> <b>2419 Spy Run Ave Ste A</b> <b>Fort Wayne, IN 46805</b>	<b>J</b>	DATE INCURRED: <b>12/2012</b> CONSIDERATION: <b>Collecting for Radiology Consultants</b> REMARKS:				<b>\$60.00</b>
ACCT #: <b>xxxxxx1418</b> <b>Credit Control Corporation</b> <b>P.O. Box 120630</b> <b>Newport News, VA 23612-0630</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>Collection</b> REMARKS:				<b>\$580.11</b>
ACCT #: <b>xxxxxxxxxxx9361</b> <b>Dept Of Education/Nelnet</b> <b>121 S 13th St</b> <b>Lincoln, NE 68508</b>	<b>J</b>	DATE INCURRED: <b>02/2010</b> CONSIDERATION: <b>Student Loan</b> REMARKS:				<b>\$111,006.00</b>
ACCT #: <b>Millenium Financial Group</b> <b>5770 NW Expressway</b> <b>Suite 102</b> <b>Oklahoma City, OK 73132</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>Collection</b> REMARKS:				<b>Unknown</b>
ACCT #: <b>xxxxxxxxxxxxxxxxxxx0512</b> <b>Navient</b> <b>PO Box 9500</b> <b>Wilkes Barre, PA 18773</b>	<b>J</b>	DATE INCURRED: <b>05/2008</b> CONSIDERATION: <b>Student Loan</b> REMARKS:				<b>\$7,757.00</b>
ACCT #: <b>xxxxxxxxxxxxx2566</b> <b>Portfolio Recovery</b> <b>Attn: Bankruptcy</b> <b>PO Box 41067</b> <b>Norfolk, VA 23541</b>	<b>J</b>	DATE INCURRED: <b>06/2012</b> CONSIDERATION: <b>Collecting for GE Capital Retail Bank</b> REMARKS:				<b>\$9,437.00</b>
<b>Subtotal &gt;</b>						<b>\$128,840.11</b>
<b>Total &gt;</b>						<b>\$128,840.11</b>

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

No continuation sheets attached

B6G (Official Form 6G) (12/07)

In re **John D. Brooker**  
**Darlene J. Brooker**Case No. \_\_\_\_\_  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests.

State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease.

Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **John D. Brooker**  
**Darlene J. Brooker**Case No. \_\_\_\_\_  
(if known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

**Fill in this information to identify your case:**

Debtor 1	<b>John</b>	<b>D.</b>	<b>Brooker</b>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)	<b>Darlene</b>	<b>J.</b>	<b>Brooker</b>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
United States Bankruptcy Court for the <b>WESTERN DISTRICT OF OKLAHOMA</b>			
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

Official Form B 6I

**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

	<u>Debtor 1</u>	<u>Debtor 2 or non-filing spouse</u>
<b>Employment status</b>	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
<b>Occupation</b>	<u>Aircraft Sheet Metal Mechanic</u>	_____
<b>Employer's name</b>	<u>United States Air Force</u>	_____
<b>Employer's address</b>	<u>DFAS</u>	_____
	<small>Number Street</small>	<small>Number Street</small>
	_____	_____
	_____	_____
	<small>City State Zip Code</small>	<small>City State Zip Code</small>

How long employed there? 31 years**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
<b>2. List monthly gross wages, salary, and commissions</b> (Include all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	<u>\$4,591.60</u>	<u>\$0.00</u>
<b>3. Estimate and list monthly overtime pay.</b>	<u>\$1,722.07</u>	<u>\$0.00</u>
<b>4. Calculate gross income</b> Add line 2 + line 3.	<u>\$6,313.67</u>	<u>\$0.00</u>

Debtor 1 **John** **D.** **Brooker** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ..... → 4.	\$6,313.67	\$0.00
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$914.46	\$0.00
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$408.68	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$57.40	\$0.00
5h. Other deductions. Specify: <u>See continuation sheet</u>	5h.+ \$389.03	\$0.00
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$1,769.57	\$0.00
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	\$4,544.10	\$0.00
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a Attach a statement for each property and business showing gross receipts, ordinary and necessary business	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a Include alimony, spousal support, child support, maintenance,	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance) Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h.+ \$0.00	\$0.00
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$0.00	\$0.00
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$4,544.10	\$0.00
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Specify: _____		\$0.00
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.		\$4,544.10
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: _____ John Brooker currently works approximately 20 hours per week of overtime. Overtime is not guaranteed. Overtime may be reduced or eliminated at any time.		

Debtor 1 John                      D.                      Brooker                      Case number (if known) \_\_\_\_\_  
First Name                      Middle Name                      Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
5h. Other Payroll Deductions (details)		
life ins	\$180.70	\$0.00
fsa	\$208.33	\$0.00
Totals:	\$389.03	\$0.00

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Page 1 of 2

Text Version				Help Main Exit																																																											
Printer Friendly Version				View More 10/04/2014																																																											
<p align="center"><b>DEPARTMENT OF DEFENSE</b></p> <p align="center"><b>CIVILIAN LEAVE AND EARNINGS STATEMENT</b></p> <p align="center">VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL</p>							1. Pay Period End 10/04/14  2. Pay Date 10/10/14																																																								
3. Name BROOKER JOHN D	4. Pay Plan/Grade/Step WG 10 05	5. Hourly/Daily Rate 26.49	6. Basic OT Rate 39.74	7. Basic Pay + Locality Adj = Adjusted Basic Pay																																																											
8. Soc Sec No ***-**-5453	9. Locality %	10. FLSA Category N	11. SCD Leave 07/09/77	12. Max Leave Carry Over 240	13. Leave Year End 01/10/15																																																										
14. Financial Institution - Net Pay INTERNATIONAL BANK OF COMME		15. Financial Institution - Allotment #1 TINKER FEDERAL CREDIT UNION		16. Financial Institution - Allotment # 2																																																											
17. Tax Marital Status Exemptions Add'l FED M 1 0 OK M 1 0	18. Tax Marital Status Exemptions Add'l Taxing Authority			19. Cumulative Retirement CSRS: 59847.04		20. Military Deposit																																																									
21. <table border="1"> <thead> <tr> <th></th> <th>Current</th> <th>Year to Date</th> </tr> </thead> <tbody> <tr> <td>GROSS PAY</td> <td>3231.92</td> <td>54683.56</td> </tr> <tr> <td>TAXABLE WAGES</td> <td>2947.15</td> <td>48711.01</td> </tr> <tr> <td>NONTAXABLE WAGES</td> <td>284.77</td> <td>5972.55</td> </tr> <tr> <td>TAX DEFERRED WAGES</td> <td></td> <td></td> </tr> <tr> <td>DEDUCTIONS</td> <td>1172.36</td> <td>21620.21</td> </tr> <tr> <td>AEIC</td> <td></td> <td></td> </tr> <tr> <td>NET PAY</td> <td>2059.56</td> <td>33063.35</td> </tr> </tbody> </table>				Current	Year to Date	GROSS PAY	3231.92	54683.56	TAXABLE WAGES	2947.15	48711.01	NONTAXABLE WAGES	284.77	5972.55	TAX DEFERRED WAGES			DEDUCTIONS	1172.36	21620.21	AEIC			NET PAY	2059.56	33063.35	22.																																				
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ALLOTMENT SV		(1)		138.00		3174.00		FEDGLI		25		8.70		209.40																													
FEDGLI OPTNL		ABC		74.70		1797.40		FEHB		472		142.66		3415.54																													
FSA-HC				96.15		2307.60		MEDICARE				45.04		835.66																													
ORG/UNION		FZOA		26.49		634.68		RETIRE, CSRS		J		148.34		3566.21																													
TAX, FEDERAL				359.47		6090.16		TAX, STATE		OK		121.00		2019.00																													
DENTAL				33.57		805.62		VISION				12.39		298.10																													
<b>LEAVE</b>																																											
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE																											
ANNUAL		11.75		8.00		177.00		18.50		155.00				33.75																													
SICK		4.00		4.00		89.00				73.75				19.25																													
COMPENSATORY						12.00				10.00				2.00																													
HOLIDAY								8.00		56.00																																	
ADMIN										4.00																																	
<b>BENEFITS PAID BY GOVERNMENT FOR YOU</b>																																											
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE																																	
FEDGLI		4.35		104.68		FEHB		427.99		10246.82																																	
MEDICARE		45.04		835.66		RETIRE, CSRS		148.34		3566.20																																	
<b>REMARKS</b>																																											
YOUR PAYROLL OFFICE ID NUMBER IS 97380100 - DEPARTMENT OF DEFENSE. FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB) OPEN SEASON FROM THE SECOND MONDAY OF NOVEMBER THROUGH THE SECOND MONDAY OF DECEMBER. PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW SAVE MONEY ON HEALTH CARE & DAY CARE EXPENSES! ENROLL IN FSAFEDS (FEDERAL FLEXIBLE SPENDING ACCOUNT PROGRAM) DURING OPEN SEASON NOV 10-DEC 8, 2014. WATCH OUR VIDEOS & INFO AT WWW.OPM.GOV/FSA CURRENT PARTICIPANTS MUST RE-ENROLL FOR 2015! ANY EMPLOYEE, FORMER EMPLOYEE OR APPLICANT FOR EMPLOYMENT WHO BELIEVES THAT S/HE HAS BEEN DISCRIMINATED AGAINST UNDER APPLICABLE LAWS MUST CONTACT THEIR LOCAL EEO OFFICE WITHIN 45 CALENDAR DAYS FROM THE DATE OF THE INCIDENT OR THE EFFECTIVE DATE OF THE PERSONNEL ACTION. YOUR PIN HAS BEEN ESTABLISHED/CHANGED FOR ACCESSING MYPAY. IF YOU DID NOT TAKE THIS ACTION, CONTACT 1-888-332-7411 OR (216) 522-5096. PRETAX FEHB EXCLUSION \$ 142.66 THE BASIC OT RATE IN BOX 6 IS YOUR BASE HOURLY RATE IN BOX 5 TIMES 1.5; HOWEVER, YOUR ACTUAL OT RATE FOR ANY GIVEN DAY CAN BE AFFECTED BY SHIFT OR OTHER PREMIUM PAY																																											
THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED																																											

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

## Scanned Document #1

DEPARTMENT OF DEFENSE												1. Pay Period End 12/13/14									
CIVILIAN LEAVE AND EARNINGS STATEMENT												2. Pay Date 12/19/14									
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name BROOKER JOHN D				4. Pay Plan/Grade/Step WG 10 05		5. Hourly/Daily Rate 26.49		6. Basic OT Rate 39.74		7. Basic Pay + Locality Adj = Adjusted Basic Pay											
8. Soc Sec No ***-**-5453				9. Locality %		10. FLSA Category N		11. SCD Leave 07/09/77		12. Max Leave Carry Over 240		13. Leave Year End 01/10/15									
14. Financial Institution - Net Pay INTERNATIONAL BANK OF COMME						15. Financial Institution - Allotment #1 TINKER FEDERAL CREDIT UNION				16. Financial Institution - Allotment #2											
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions		Add'l		Taxing Authority		19. Cumulative Retirement CSRS: 60588.74		20. Military Deposit	
FED M				1		0															
OK M				1		0															
21. GROSS PAY				Current				Year to Date				22.									
3470.36								70604.72													
TAXABLE WAGES				3185.54				63208.22													
NONTAXABLE WAGES				284.82				7396.50													
TAX DEFERRED WAGES																					
DEDUCTIONS				1223.63				27427.89													
AEIC																					
NET PAY				2246.73				43176.83													
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		2119.20		OVERTIME		34.00		1351.16											
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT, SV		(1)		138.00		3450.00		FEGLI		25		8.70		226.80							
FEGLI OPTNL		ABC		74.70		1946.80		FEHB		472		142.66		3700.86							
FSA-HC				96.20		2500.00		MEDICARE				46.19		916.52							
ORG/UNION		FZOA		26.49		687.66		RETIRE, CSRS		1		148.34		3862.89							
TAX, FEDERAL				371.39		6713.72		TAX, STATE		OK		125.00		2227.00							
DENTAL				33.57		872.76		VISION				12.39		322.88							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		11.75		8.00		193.00				163.00				41.75							
SICK		4.00		4.00		97.00		4.00		77.75				23.25							
COMPENSATORY						12.00				10.00				2.00							
HOLIDAY										64.00											
ADMIN										4.00											
LWOP										8.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		4.35		113.38		FEHB		427.99		11102.80											
MEDICARE		46.19		916.52		RETIRE, CSRS		148.34		3862.88											
REMARKS																					
<p>YOUR PAYROLL OFFICE ID NUMBER IS 97380100 - DEPARTMENT OF DEFENSE.</p> <p>PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW</p> <p>MYBIZ+ IS THE PLACE TO GO FOR EMPLOYEE HR INFORMATION AND EMPLOYMENT VERIFICATION. THE DESIGN IS INTUITIVE AND INTERACTIVE AND THE DISPLAYS CAN BE PERSONALIZED. CHECK IT OUT AT <a href="https://COMPO.DCPDS.CPMS.OSD.MIL">HTTPS://COMPO.DCPDS.CPMS.OSD.MIL</a>.</p> <p>ANY EMPLOYEE, FORMER EMPLOYEE OR APPLICANT FOR EMPLOYMENT WHO BELIEVES THAT S/HE HAS BEEN DISCRIMINATED AGAINST UNDER APPLICABLE LAWS MUST CONTACT THEIR LOCAL EEO OFFICE WITHIN 45 CALENDAR DAYS FROM THE DATE OF THE INCIDENT OR THE EFFECTIVE DATE OF THE PERSONNEL ACTION.</p> <p>PRETAX FEHB EXCLUSION \$ 142.66</p> <p>THE BASIC OT RATE IN BOX 6 IS YOUR BASE HOURLY RATE IN BOX 5 TIMES 1.5; HOWEVER, YOUR ACTUAL OT RATE FOR ANY GIVEN DAY CAN BE AFFECTED BY SHIFT OR OTHER PREMIUM PAY</p>																					

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

## Scanned Document #1

DEPARTMENT OF DEFENSE												1. Pay Period End 12/27/14									
CIVILIAN LEAVE AND EARNINGS STATEMENT												2. Pay Date 01/02/15									
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name BROOKER JOHN D			4. Pay Plan/Grade/Step WG 10 05		5. Hourly/Daily Rate 26.49		6. Basic OT Rate 39.74		7. Basic Pay + Locality Adj = Adjusted Basic Pay												
8. Soc Sec No ***--5453			9. Locality %		10. FLSA Category N		11. SCD Leave 07/09/77		12. Max Leave Carry Over 240		13. Leave Year End 01/10/15										
14. Financial Institution - Net Pay INTERNATIONAL BANK OF COMME				15. Financial Institution - Allotment #1 TINKER FEDERAL CREDIT UNION				16. Financial Institution - Allotment #2													
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions		Add'l		Taxing Authority		19. Cumulative Retirement CSRS: 60737.08		20. Military Deposit	
FED M				1		0															
OK M				1		0															
21.				Current				Year to Date				22.									
GROSS PAY				2834.52				2834.52													
TAXABLE WAGES				2547.83				2547.83													
NONTAXABLE WAGES				286.69				286.69													
TAX DEFERRED WAGES																					
DEDUCTIONS				1092.53				1092.53													
AEIC																					
NET PAY				1741.99				1741.99													
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		2119.20		OVERTIME		18.00		715.32											
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT, SV		(1)		138.00		138.00		FEGLI		Z5		8.70		8.70							
FEGLI OPTNL		ABC		74.70		74.70		FEHB		472		142.66		142.66							
FSA-HC				98.07		98.07		MEDICARE				36.94		36.94							
ORG/UNION		FZOA		26.49		26.49		RETIRE, CSRS		1		148.34		148.34							
TAX, FEDERAL				279.67		279.67		TAX, STATE		OK		93.00		93.00							
DENTAL				33.57		33.57		VISION				12.39		12.39							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		11.75		8.00		201.00		16.00		179.00				33.75							
SICK		4.00		4.00		101.00				77.75				27.25							
COMPENSATORY						12.00				10.00				2.00							
HOLIDAY								16.00		80.00											
ADMIN										4.00											
LWOP										8.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		4.35		4.35		FEHB		427.99		427.99											
MEDICARE		36.94		36.94		RETIRE, CSRS		148.34		148.34											
REMARKS																					
<p>YOUR PAYROLL OFFICE ID NUMBER IS 97380100 - DEPARTMENT OF DEFENSE.</p> <p>MYBIZ+ IS THE PLACE TO GO FOR EMPLOYEE HR INFORMATION AND EMPLOYMENT VERIFICATION. THE DESIGN IS INTUITIVE AND INTERACTIVE AND THE DISPLAYS CAN BE PERSONALIZED. CHECK IT OUT AT <a href="https://COMPO.DCPDS.CPMS.OSD.MIL">HTTPS://COMPO.DCPDS.CPMS.OSD.MIL</a>.</p> <p>ANY EMPLOYEE, FORMER EMPLOYEE OR APPLICANT FOR EMPLOYMENT WHO BELIEVES THAT S/HE HAS BEEN DISCRIMINATED AGAINST UNDER APPLICABLE LAWS MUST CONTACT THEIR LOCAL EEO OFFICE WITHIN 45 CALENDAR DAYS FROM THE DATE OF THE INCIDENT OR THE EFFECTIVE DATE OF THE PERSONNEL ACTION.</p> <p>PRETAX FEHB EXCLUSION \$ 142.66</p> <p>DEDUCTION ADDED/CHANGED FOR FSA - HEALTH CARE.</p> <p>THE BASIC OT RATE IN BOX 6 IS YOUR BASE HOURLY RATE IN BOX 5 TIMES 1.5; HOWEVER, YOUR ACTUAL OT RATE FOR ANY GIVEN DAY CAN BE AFFECTED BY SHIFT OR OTHER PREMIUM PAY</p>																					

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

**Fill in this information to identify your case:**

Debtor 1	<b>John</b> <small>First Name</small>	<b>D.</b> <small>Middle Name</small>	<b>Brooker</b> <small>Last Name</small>
Debtor 2 (Spouse, if filing)	<b>Darlene</b> <small>First Name</small>	<b>J.</b> <small>Middle Name</small>	<b>Brooker</b> <small>Last Name</small>
United States Bankruptcy Court for the <b>WESTERN DISTRICT OF OKLAHOMA</b>			
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: \_\_\_\_\_
- MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

**Schedule J: Your Expenses****12/13**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write

**Part 1: Describe Your Household****1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

<b>Dependent's relationship to Debtor 1 or Debtor 2</b>	<b>Dependent's age</b>	<b>Does dependent live with you?</b>
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case

to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

**Your expenses****4. The rental or home ownership expenses for your residence.**  
Include first mortgage payments and any rent for the ground or lot.

4. \_\_\_\_\_

**If not included in line 4:**

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \_\_\_\_\_

4b. \_\_\_\_\_

4c. \_\_\_\_\_

4d. \_\_\_\_\_

Debtor 1 **John** **D.** **Brooker** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Your expenses**

<b>5. Additional mortgage payments for your residence</b> , as home equity loans	5.	_____
<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a.	<u>\$175.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$75.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	_____
6d. Other. Specify: <u>Cell phones</u>	6d.	<u>\$175.00</u>
<b>7. Food and housekeeping supplies</b>	7.	<u>\$450.00</u>
<b>8. Childcare and children's education costs</b>	8.	_____
<b>9. Clothing, laundry, and dry cleaning</b>	9.	<u>\$100.00</u>
<b>10. Personal care products and services</b>	10.	<u>\$50.00</u>
<b>11. Medical and dental expenses</b>	11.	<u>\$350.00</u>
<b>12. Transportation</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$200.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	<u>\$100.00</u>
<b>14. Charitable contributions and religious donations</b>	14.	<u>\$100.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$142.00</u>
15d. Other insurance. Specify: _____	15d.	_____
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a.	_____
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).</b>	18.	_____
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	19.	_____
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

Debtor 1 **John** **D.** **Brooker** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

21. Other. Specify: \_\_\_\_\_ 21. + \_\_\_\_\_

22. **Your monthly expenses** Add lines 4 through 21.  
 The result is your monthly expenses.

22. **\$1,917.00**

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. **\$4,544.10**

23b. Copy your monthly expenses from line 22 above.

23b. - **\$1,917.00**

23c. Subtract your monthly expenses from your monthly income.  
 The result is your monthly net income.

23c. **\$2,627.10**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage

☒ No.

☐ Yes.

Explain here:



B 6 Summary (Official Form 6 - Summary) (12/14)

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re **John D. Brooker**  
**Darlene J. Brooker**

Case No.

Chapter **13**

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER	
A - Real Property	Yes	1	\$170,000.00			
B - Personal Property	Yes	4	\$25,200.00			
C - Property Claimed as Exempt	Yes	1				
D - Creditors Holding Secured Claims	Yes	2				\$142,310.00
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2				\$1,750.00
F - Creditors Holding Unsecured Nonpriority Claims	Yes	1				\$128,840.11
G - Executory Contracts and Unexpired Leases	Yes	1				
H - Codebtors	Yes	1				
I - Current Income of Individual Debtor(s)	Yes	9				
J - Current Expenditures of Individual Debtor(s)	Yes	3				
TOTAL		25	\$195,200.00	\$272,900.11		

B 6 Summary (Official Form 6 - Summary) (12/14)

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re **John D. Brooker**  
**Darlene J. Brooker**

Case No.

Chapter **13**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>\$0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>\$0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>\$0.00</b>
Student Loan Obligations (from Schedule F)	<b>\$118,763.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>\$0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$118,763.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	<b>\$4,544.10</b>
Average Expenses (from Schedule J, Line 22)	<b>\$1,917.00</b>
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	<b>\$6,438.43</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>\$0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	<b>\$1,750.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>\$0.00</b>
4. Total from Schedule F		<b>\$128,840.11</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>\$128,840.11</b>

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **John D. Brooker**  
**Darlene J. Brooker**

Case No. \_\_\_\_\_  
(if known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**  
**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ **27** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **1/7/2015** \_\_\_\_\_

Signature **/s/ John D. Brooker**  
**John D. Brooker**

Date **1/7/2015** \_\_\_\_\_

Signature **/s/ Darlene J. Brooker**  
**Darlene J. Brooker**

[If joint case, both spouses must sign.]

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re: **John D. Brooker**  
**Darlene J. Brooker**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**

**1. Income from employment or operation of business**

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income.

AMOUNT	SOURCE
<b>\$70,000.00</b>	<b>2014 Employment</b>
<b>\$52,895.00</b>	<b>2013 Employment</b>

**2. Income other than from employment or operation of business**

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse

**3. Payments to creditors*****Complete a. or b., as appropriate, and c.***

None

☐

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
<b>Tinker FCU PO Box 45750 Tinker AFB, OK 73145</b>	<b>Regular monthly payments</b>		<b>\$17,639.00</b>

None

☒

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency.

None

☒

c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re: **John D. Brooker**  
**Darlene J. Brooker**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 1*

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None

☐

a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both

**CAPTION OF SUIT AND  
CASE NUMBER**

**The Bank of New York Mellon  
Trust Company v. John D.  
Brooker, et al., Case No. CJ-  
2014-4348**

**NATURE OF PROCEEDING**

**Foreclosure**

**COURT OR AGENCY  
AND LOCATION**

**District Court of  
Oklahoma County,  
State of Oklahoma**

**STATUS OR  
DISPOSITION**

**Pending**

None

☒

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information

**5. Repossessions, foreclosures and returns**

None

☒

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must

**6. Assignments and receiverships**

None

☒

a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or

None

☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property

**7. Gifts**

None

☐

List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100

**NAME AND ADDRESS OF PERSON  
OR ORGANIZATION**

**City Church**

**RELATIONSHIP TO  
DEBTOR, IF ANY DATE OF GIFT**

**None**

**Various**

**DESCRIPTION AND  
VALUE OF GIFT**

**\$100 per month**

**8. Losses**

None

☒

List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re: **John D. Brooker**  
**Darlene J. Brooker**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 2*

**9. Payments related to debt counseling or bankruptcy**

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding

**NAME AND ADDRESS OF PAYEE**

**Mitchell & Hammond**  
**512 NW 12th Street**  
**Oklahoma City, OK 73103**

**DATE OF PAYMENT,  
NAME OF PAYER IF  
OTHER THAN DEBTOR**  
**Various**

**AMOUNT OF MONEY OR DESCRIPTION  
AND VALUE OF PROPERTY**  
**\$1,750.00**

**10. Other transfers**

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter

None



b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or

**11. Closed financial accounts**

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations,

**12. Safe deposit boxes**

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or

**13. Setoffs**

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether

**14. Property held for another person**

None



List all property owned by another person that the debtor holds or controls.

**15. Prior address of debtor**

None



If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re: **John D. Brooker**  
**Darlene J. Brooker**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 3*

**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.

None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is

**18. Nature, location and name of business**

None



a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX

None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. §

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re: **John D. Brooker**  
**Darlene J. Brooker**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 4*

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

**19. Books, records and financial statements**

None



a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the

None



b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account

None



c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the

None



d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by

**20. Inventories**

None



a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the

None



b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

**21. Current Partners, Officers, Directors and Shareholders**

None



a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None



b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or

**22. Former partners, officers, directors and shareholders**

None



a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the

None



b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately



B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re: **John D. Brooker**  
**Darlene J. Brooker**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 5*

**23. Withdrawals from a partnership or distributions by a corporation**

None



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the

**24. Tax Consolidation Group**

None



If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of

**25. Pension Funds**

None



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer,

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 1/7/2015

Signature /s/ John D. Brooker  
of Debtor John D. Brooker

Date 1/7/2015

Signature /s/ Darlene J. Brooker  
of Joint Debtor Darlene J. Brooker  
(if any)

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.*

*18 U.S.C. §§ 152 and 3571*

B 201B (Form 201B) (12/09)

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re **John D. Brooker**  
**Darlene J. Brooker**

Case No. \_\_\_\_\_  
Chapter 13

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

<u><b>John D. Brooker</b></u> <u><b>Darlene J. Brooker</b></u> Printed Name(s) of Debtor(s)  Case No. (if known) _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;"><b>X</b></td> <td style="width: 75%;"><u><b>/s/ John D. Brooker</b></u></td> <td style="width: 20%; text-align: center;"><u><b>1/7/2015</b></u></td> </tr> <tr> <td></td> <td>Signature of Debtor</td> <td>Date</td> </tr> <tr> <td style="text-align: center;"><b>X</b></td> <td><u><b>/s/ Darlene J. Brooker</b></u></td> <td style="text-align: center;"><u><b>1/7/2015</b></u></td> </tr> <tr> <td></td> <td>Signature of Joint Debtor (if any)</td> <td>Date</td> </tr> </table>	<b>X</b>	<u><b>/s/ John D. Brooker</b></u>	<u><b>1/7/2015</b></u>		Signature of Debtor	Date	<b>X</b>	<u><b>/s/ Darlene J. Brooker</b></u>	<u><b>1/7/2015</b></u>		Signature of Joint Debtor (if any)	Date
<b>X</b>	<u><b>/s/ John D. Brooker</b></u>	<u><b>1/7/2015</b></u>											
	Signature of Debtor	Date											
<b>X</b>	<u><b>/s/ Darlene J. Brooker</b></u>	<u><b>1/7/2015</b></u>											
	Signature of Joint Debtor (if any)	Date											

**Certificate of Compliance with § 342(b) of the Bankruptcy Code**

I, **Gary D. Hammond**, counsel for Debtor(s), hereby certify that I delivered to the Debtor(s) the Notice required by § 342(b) of the Bankruptcy Code.

**/s/ Gary D. Hammond**

Gary D. Hammond, Attorney for Debtor(s)  
 Bar No.: 13825  
 Mitchell & Hammond  
 512 N.W. 12th Street  
 Oklahoma City, OK 73103  
 Phone: (405) 216-0007  
 Fax: (405) 217-0707  
 E-Mail: gary@okatty.com

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**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) ONLY if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

## UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a JOINT CASE (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days BEFORE the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors****Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### **Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

IN RE: **John D. Brooker**  
**Darlene J. Brooker**

CASE NO

CHAPTER 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<b>\$3,500.00</b>
Prior to the filing of this statement I have received:	<b>\$1,750.00</b>
Balance Due:	<b>\$1,750.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**1/7/2015**

*Date*

**/s/ Gary D. Hammond**

*Gary D. Hammond*

Mitchell & Hammond

512 N.W. 12th Street

Oklahoma City, OK 73103

Phone: (405) 216-0007 / Fax: (405) 217-0707

Bar No. 13825

**/s/ John D. Brooker**  
**John D. Brooker**

**/s/ Darlene J. Brooker**  
**Darlene J. Brooker**

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

IN RE: John D. Brooker  
Darlene J. Brooker

CASE NO

CHAPTER 13

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 1/7/2015

Signature /s/ John D. Brooker  
**John D. Brooker**

Date 1/7/2015

Signature /s/ Darlene J. Brooker  
**Darlene J. Brooker**

/s/ Gary D. Hammond  
**Gary D. Hammond**  
**13825**  
**Mitchell & Hammond**  
**512 N.W. 12th Street**  
**Oklahoma City, OK 73103**  
**(405) 216-0007**

Americas Servicing Co  
P.O. Box 10328  
Des Moines, IA 50306

Business Revenue Systems  
2419 Spy Run Ave Ste A  
Fort Wayne, IN 46805

Credit Control Corporation  
P.O. Box 120630  
Newport News, VA 23612-0630

Dept Of Education/Nelnet  
121 S 13th St  
Lincoln, NE 68508

Millenium Financial Group  
5770 NW Expressway  
Suite 102  
Oklahoma City, OK 73132

Mitchell & Hammond  
512 NW 12th Street  
Oklahoma City, OK 73103

Navient  
PO Box 9500  
Wilkes Barre, PA 18773

Portfolio Recovery  
Attn: Bankruptcy  
PO Box 41067  
Norfolk, VA 23541

Tinker FCU  
PO Box 45750  
Tinker AFB, OK 73145

**Fill in this information to identify your case:**

Debtor 1 **John** **D.** **Brooker**  
First Name Middle Name Last Name

Debtor 2 **Darlene** **J.** **Brooker**  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the **WESTERN DISTRICT OF OKLAHOMA**

Case number \_\_\_\_\_  
 (if known)

**Check as directed in lines 17 and 21:**

According to the calculations required by this

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

**Official Form 22C-1****Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period****12/14**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Average Monthly Income****1. What is your marital and filing status?** Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married.** Fill out both Columns A and B, lines 2-11.

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental

	<b>Column A Debtor 1</b>	<b>Column B Debtor 2 or non-filing spouse</b>
<b>2. Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	<b>\$6,438.43</b>	<b>\$0.00</b>
<b>3. Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	<b>\$0.00</b>	<b>\$0.00</b>
<b>4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from	<b>\$0.00</b>	<b>\$0.00</b>
<b>5. Net income from operating a business, profession, or farm</b>		
Gross receipts (before all deductions)	<b>\$0.00</b>	
Ordinary and necessary operating expenses	<b>\$0.00</b>	
Net monthly income from a business, profession, or farm	<b>\$0.00</b>	
<b>6. Net income from rental and other real property</b>		
Gross receipts (before all deductions)	<b>\$0.00</b>	
Ordinary and necessary operating expenses	<b>\$0.00</b>	
Net monthly income from rental or other real property	<b>\$0.00</b>	
<b>7. Interest, dividends, and royalties</b>	<b>\$0.00</b>	<b>\$0.00</b>



Debtor 1 **John** **D.** **Brooker**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: .....↓

For you..... **\$0.00**

For your spouse..... **\$0.00**

**9. Pension or retirement income** Do not include any amount received that was a benefit under the Social Security Act.

**10. Income from all other sources not listed above** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity,

10a. \_\_\_\_\_

10b. \_\_\_\_\_

10c. Total amounts from separate pages, if any.

**11. Calculate your total average monthly income.**

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

*Column A*  
**Debtor 1**

*Column B*  
**Debtor 2 or non-filing spouse**

**\$0.00**

**\$0.00**

**\$0.00**

**\$0.00**

**\$6,438.43**

**+** **\$0.00**

**= \$6,438.43**

**Total average monthly income**

**Part 2: Determine How to Measure Your Deductions from Income**

**12. Copy your total average monthly income from line 11.**..... **\$6,438.43**

**13. Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 in line 13d.

☒ You are married and your spouse is filing with you. Fill in 0 in line 13d.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses

of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If

13a. \_\_\_\_\_

13b. \_\_\_\_\_

13c. \_\_\_\_\_

13d. Total..... **\$0.00** Copy here. → 13d. - **\$0.00**

**14. Your current monthly income** Subtract line 13d from line 12.

14. **\$6,438.43**

**15. Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here → ..... 15a. **\$6,438.43**

Multiply line 15a by 12 (the number of months in a year).

**X 12**

15b. The result is your current monthly income for the year for this part of the form.

15b. **\$77,261.16**

Debtor 1 John D. Brooker Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**16. Calculate the median family income that applies to you.** Follow these steps:

- 16a. Fill in the state in which you live. Oklahoma
- 16b. Fill in the number of people in your household. 2
- 16c. Fill in the median family income for your state and size of household..... 16c. \$52,995.00  
 To find a list of applicable median income amounts, go online using the link specified in the separate

**17. How do the lines compare?**

- 17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check **Disposable income is not determined under 11 U.S.C. § 1325(b)(3)**. **Go to Part 3** Do NOT fill out Calculation of Disposable Income (Official Form 22C-2).
- 17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check **Disposable income is determined under 11 U.S.C. § 1325(b)(3)**. **Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2)**. 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

**18. Copy your total average monthly income from line 11.**..... 18. \$6,438.43

**19. Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's

If the marital adjustment does not apply, fill in 0 on line 19a. 19a. — \$0.00

**Subtract line 19a from line 18.**

19b. \$6,438.43

**20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b..... 20a. \$6,438.43

Multiply by 12 (the number of months in a year). X 12

20b. The result is your current monthly income for the year for this part of the form. 20b. \$77,261.16

20c. Copy the median family income for your state and size of household from line 16c..... 20c. \$52,995.00

**21. How do the lines compare?**

- ☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, **The commitment period is 3 years**. **Go to Part 4.**
- ☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, **The commitment period is 5 years**. **Go to Part 4.**

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ John D. Brooker  
John D. Brooker

X /s/ Darlene J. Brooker  
Darlene J. Brooker

Date 1/7/2015  
 MM / DD / YYYY

Date 1/7/2015  
 MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 22C-2.

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above

**Fill in this information to identify your case:**

Debtor 1	<b>John</b> First Name	<b>D.</b> Middle Name	<b>Brooker</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Darlene</b> First Name	<b>J.</b> Middle Name	<b>Brooker</b> Last Name
United States Bankruptcy Court for the <b>WESTERN DISTRICT OF OKLAHOMA</b>			
Case number (if known) _____			

☐ Check if this is an amended filing**Official Form 22C-2****Chapter 13 Calculation of Your Disposable Income****12/14**

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts

to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your

actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5

and 6 of Form 22C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C-1.

**5. The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This

2

**National Standards** You must use the IRS National Standards to answer the questions in lines 6-7.

**6. Food, clothing and other items.** Using the number of people you entered in line 5 and the IRS National Standards, **\$1,092.00** fill in the dollar amount for food, clothing, and other items.

**7. Out-of-pocket health care allowance.** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories-- people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person **\$60.00**

7b. Number of people who are under 65

X 2

7c. **Subtotal.** Multiply line 7a by line 7b.

**\$120.00**

Copy line 7c here →

**\$120.00****People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person **\$144.00**

7e. Number of people who are 65 or older

X

7f. **Subtotal.** Multiply line 7d by line 7e.

**\$0.00**

Copy line 7f here →

+ **\$0.00**

7g. **Total.** Add lines 7c and 7f.....

**\$120.00**

Copy total here → 7g.

**\$120.00**

You must use the IRS Local Standards to answer the questions in lines 8-15.

page 2

Debtor 1 **John** **D.** **Brooker** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

- 13. Vehicle ownership or lease expense.** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on

**Vehicle 1** Describe Vehicle 1: **2013 Honda Sonata**

13a. Ownership or leasing costs using IRS Local Standard 13a. **\$517.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60

Name of each creditor for Vehicle 1	Average monthly payment
-------------------------------------	-------------------------

**Tinker FCU**

**\$274.00**

Copy 13b here → - **\$274.00**

Repeat this amount

13c. Net Vehicle 1 ownership or lease expense.

Subtract line 13b from line 13a. If this amount is less than \$0, enter

13c. **\$243.00**

Copy net Vehicle 1 expense here → **\$243.00**

**Vehicle 2** Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard 13d. \_\_\_\_\_

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include

Name of each creditor for Vehicle 2	Average monthly payment
-------------------------------------	-------------------------

Copy here → - \_\_\_\_\_

Repeat this amount

13f. Net Vehicle 2 ownership or lease expense.

Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.

13f. \_\_\_\_\_

Copy net Vehicle 2 expense here → **\$0.00**

- 14. Public transportation expense.** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation. **\$0.00**

- 15. Additional public transportation expense.** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation. **\$0.00**

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

- 16. Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 **\$977.41**

Debtor 1 John D. Brooker Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

- 17. Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$336.55  
 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or
- 18. Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. \$187.37  
 Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any
- 19. Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$0.00  
 Do not include payments on past due obligations for spousal or child support. You will list these
- 20. Education:** The total monthly amount that you pay for education that is either required: \$0.00  
 ■ as a condition for your job, or  
 ■ for your physically or mentally challenged dependent child if no public education is available for similar services.
- 21. Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$0.00  
 Do not include payments for any elementary or secondary school education.
- 22. Additional health care expenses, excluding insurance costs:** The total monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$230.00
- 23. Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. \$0.00
- 24. Add all of the expenses allowed under the IRS expense allowances.** \$3,942.33  
 Add lines 6 through 23.

**Additional Expense Deductions** These are additional deductions allowed by the Means Test.  
 Note: Do not include any expense allowances listed in lines 6-24.

- 25. Health insurance, disability insurance, and health savings account expenses:** The total monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your
- |                        |                 |                                   |
|------------------------|-----------------|-----------------------------------|
| Health insurance       | <u>\$408.68</u> |                                   |
| Disability insurance   | <u>\$0.00</u>   |                                   |
| Health savings account | <u>\$193.15</u> |                                   |
|                        | +               |                                   |
| Total                  | <u>\$601.83</u> | Copy total here → <u>\$601.83</u> |
- Do you actually spend this total amount?
- ☐ No. How much do you actually spend? \_\_\_\_\_
- ☒ Yes
- 26. Continued contributions to the care of household or family members:** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled \$0.00
- 27. Protection against family violence:** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$0.00

Debtor 1 **John** **D.** **Brooker** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**28. Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8. \_\_\_\_\_

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the

**29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

**30. Additional food and clothing expenses.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \_\_\_\_\_

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

**31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). \$100.00  
 Do not include any amount more than 15% of your gross monthly income.

**32. Add all of the additional expense deductions.**  
 Add lines 25 through 31.

**\$701.83**

### Deductions for Debt Payment

**33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in

	Average monthly payment
<b>Mortgages on your home</b>	
33a. Copy line 9b here.....→	<u>\$1,178.00</u>
<b>Loans on your first two vehicles</b>	
33b. Copy line 13b here.....→	<u>\$274.00</u>
33c. Copy line 13e here.....→	<u>\$0.00</u>

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?
--	---	--

33d. \_\_\_\_\_ ☐ No \_\_\_\_\_  
☐ Yes \_\_\_\_\_

33e. \_\_\_\_\_ ☐ No \_\_\_\_\_  
☐ Yes \_\_\_\_\_

33f. \_\_\_\_\_ ☐ No + \_\_\_\_\_  
☐ Yes \_\_\_\_\_

33f. Total average monthly payment. Add lines 33a through 33f..... \$1,452.00 Copy total here → \$1,452.00

Debtor 1 John D. Brooker Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property**

- ☐ No. Go to line 35.  
☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
Americas Servicing Co	1412 Northwest 141st Street	\$22,039.80 ÷ 60 =	\$367.33
Americas Servicing Co	1412 Northwest 141st Street	\$5,220.00 ÷ 60 =	\$87.00
		÷ 60 = +	
		Total	<b>\$454.33</b>
		Copy total here →	<b>\$454.33</b>

**35. Do you owe any priority claims such as a priority tax, child support, or alimony -- that are past due as of the filing date of your bankruptcy case?**  
 11 U.S.C. § 507.

- ☒ No. Go to line 36.  
☐ Yes. Fill in the total amount of all of these priority claims. Do not include

Total amount of all past-due priority claims..... ÷ 60 = **\$0.00**

**36. Projected monthly Chapter 13 plan payment** **\$1,971.39**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X **3.3** %

To find a list of district multipliers that includes your district, go online

Average monthly administrative expense **\$65.06** Copy total here → **\$65.06**

**37. Add all of the deductions for debt payment.**  
 Add lines 33g through 36.

**\$1,971.39**

**Total Deductions from Income**

**38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances..... **\$3,942.33**  
 Copy line 32, All of the additional expense deductions..... **\$701.83**  
 Copy line 37, All of the deductions for debt payment..... + **\$1,971.39**  
 Total deductions **\$6,615.55** Copy total here → **\$6,615.55**



Debtor 1 **John** **D.** **Brooker** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**

**39. Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.....** **\$6,438.43**

**40. Fill in any reasonably necessary income you receive for support of dependent children.**

The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part 1 of Form 22C-1, that \_\_\_\_\_

**41. Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required \_\_\_\_\_

**\$0.00**

**42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).**

Copy line 38 here..... → **\$6,615.55**

**43. Deduction for special circumstances.** special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed

Describe the special circumstances	Amount of expense
------------------------------------	-------------------

43a. \_\_\_\_\_

43b. \_\_\_\_\_

43c. \_\_\_\_\_ + \_\_\_\_\_

43d. **Total.** Add lines 43a through 43c..... **\$0.00** Copy 43d here → + **\$0.00**

**44. Total adjustments.** Add lines 40 through 43d..... → **\$6,615.55** Copy total here → - **\$6,615.55**

**45. Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39.

**(\$177.12)**

**Part 3: Change in Income or Expenses**

**46. Change in income or expenses.** If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	_____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	_____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	_____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	_____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	_____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	_____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	_____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	_____

Debtor 1 John D. Brooker Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

**X** /s/ John D. Brooker  
John D. Brooker

Date 1/7/2015  
MM / DD / YYYY

**X** /s/ Darlene J. Brooker  
Darlene J. Brooker

Date 1/7/2015  
MM / DD / YYYY